



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



THOMAS D. WATKINS, JR.
SUPERINTENDENT OF
PUBLIC INSTRUCTION

**FISCAL YEAR 2003
CHILD AND ADULT CARE FOOD PROGRAM
FAMILY DAY CARE HOME SPONSOR MEMO #9**

TO: Family Day Care Home Sponsors

FROM: Marla J. Moss
Child and Adult Care Food Program

DATE: April 25, 2003

SUBJECT: **Income Eligibility Forms and Dear Provider/Parent Letters**

The purpose of this memo is to transmit a camera ready copy for:

Dear Provider Letter
Michigan CACFP Provider Income Eligibility Form
Dear Parent/Guardian Letter (for Tier II families)
Michigan CACFP Household Income Eligibility Application
Categorically Eligible Programs List
Foster Child Income Eligibility Statement

These documents will also be sent via e-mail. Please contact our office at (517) 373-7391 if you have any questions.

Enclosures

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
www.michigan.gov/mde • (517) 373-3324

(Insert Sponsor's Name, Address, and Telephone Number)

**RE: Michigan Child and Adult Care Food Program
For the Period of July 1, 2003 through June 30, 2004**

Dear Provider:

Reimbursement for Child and Adult Care Food Program (CACFP) participant is based upon a two tiered reimbursement system.

To receive Tier I rates, the day care home must either be located in a low income area based on school or census data or the provider's own household must be low income. To qualify as a Tier I home based on household income, the attached Provider Income Eligibility Application must be completed and returned to our office. The information will be kept confidential. We will use federal guidelines to determine if you are eligible for Tier I reimbursement. If you are eligible, your own children age twelve and under are automatically eligible to receive Tier I reimbursement.

We are required to verify the information stated on your Provider Income Eligibility Application if you are applying as a Tier I home based on income. Attach copies of your most recent tax return and submit income documentation from last month. This includes check stubs from salaried work and statements from work outside the home and other forms of income. For your own child care business, you must submit documentation of your gross income for last month, along with documentation of your business expenses. If you receive Food Stamps, attach a current **A**Notice of Eligibility**@** for Food Stamp Benefits. If you receive FIP benefits, request your Family Independence Program case worker to provide a letter which verifies your FIP eligibility. Submit a copy of your case worker's letter.

If your household income is less than or equal to the levels shown at the end of this letter, you may wish to complete the Provider Income Eligibility Application.

- < If you have already been classified as a Tier I home because of your home's location, you do not have to complete this form unless you would like to claim meals served to your own children. You do not need to submit income documentation.
- < A provider will be classified as a Tier II home if they do not live in a low income area, decide not to complete the attached form, or do not meet the eligibility criteria for free or reduced meals.

<i>Instructions for Completing the Provider Income Eligibility Application</i>

Return the completed Provider Income Eligibility Application to our office. If you are applying as a Tier I home, be sure to include documentation of your household's income.

Households Receiving Food Stamps or FIP Benefits

In PART 1, list your first and last name **and** your Food Stamp or your household's FIP number. If you wish to claim your own children, age twelve and under, list their first and last names in the space provided. Go to PART 3. An adult household member must sign the form.

Households Not Receiving Food Stamps or FIP Benefits

In PART 2, list the first and last names of **all** household members, both adults and children and monthly household income received by each family member, by source. Go to PART 3. It must include the signature of an adult household member **and** the adult's social security number or the word "NONE" if the adult does not have a social security number.

If, during the year, there are increases in household income which exceed \$50/month or \$600/year, **or** if your household size decreases, **or** if Food Stamp/FIP assistance is terminated, you must report such changes to our office to ensure that appropriate eligibility adjustments are made.

Children having parents or guardians who become unemployed are eligible for meals at the Tier I rates during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within eligibility standards for those meals.

In certain cases, foster children are eligible for Tier I reimbursement regardless of household income. If such children are living with you and you wish to apply for such meals, please contact our office.

Providers with incomes greater than the levels shown on the Child and Adult Care Food Program income scale below do **not** need to complete the attached Provider Income Eligibility Application.

The Child and Adult Care Food Program Income Scale is as follows:

FAMILY SIZE	INCOME	
	YEARLY	MONTHLY
1	\$16,613	\$1,385
2	22,422	1,869
3	28,231	2,353
4	34,040	2,837
For each additional family member, add:	5,809	485

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Please contact our office if you have any questions.

Sincerely,

Sponsor Representative

(Insert Sponsor's Name, Address, and Telephone Number)

MICHIGAN CACFP PROVIDER INCOME ELIGIBILITY APPLICATION**PART 1 - HOUSEHOLDS RECEIVING FOOD STAMPS OR FIP BENEFITS**

- < List your first and last name.
- < List the Food Stamp or household's FIP benefits case number in the appropriate column.
- < List the first and last names of your own children, age 12 and under, if you wish to receive reimbursement for their meals served.
- < Go to PART 3. You must sign and date the form. (You do not need to complete PART 2.)

PROVIDER NAME (first and last)	FOOD STAMP #	FIP#
NAMES OF CHILDREN (first and last)	Child 1:	Child 3:
	Child 2:	Child 4:

PART 2 - HOUSEHOLDS NOT RECEIVING FOOD STAMPS OR FIP

- < If you did not list a Food Stamp or FIP number in PART 1, you must complete PART 2 and PART 3 of this form.
- < List the names and ages of **everyone** (related or not related) living in your household; including yourself, other adults and children. If you need more space, use a separate sheet of paper.
- < By person, list the amount and source of income received **last month**. You must list **gross income** before deductions for taxes, social security, etc.
- < Go to PART 3. You must sign, date and print your social security number or the word "NONE" if you do not have a social security number in PART 3.

FULL NAME (First and Last)	AGE	MONTHLY EARNINGS FROM WORK (before deductions)	MONTHLY WELFARE, CHILD SUPPORT, OR ALIMONY	ALL OTHER INCOME (indicate source and amount)

PART 3 - ALL HOUSEHOLDS

I certify that all of the above information is true and correct and that the Food Stamp case number or FIP case number is correct or that all income is reported. I understand that this information is given for the receipt of federal funds; that program officials will verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household		Social Security Number
Printed Name of Adult	Home Telephone Number	Work Telephone Number
Street Address	City/State/Zip	Date

FOR SPONSOR USE ONLY					
TOTAL HOUSEHOLD MEMBERS:		TOTAL MONTHLY INCOME: \$		TIER 1 ELIGIBLE:	Approved Denied
SPONSOR SIGNATURE:		Approval Date:		TIER I and Own Children Eligible	Approved Denied
				PROVIDER-S OWN:	Approved Denied

HELP WITH INCOME

To determine monthly income:

- If paid every week, multiply the total gross income by 52 and divide by 12.
- If paid every two weeks, multiply the total gross income by 26 and divide by 12.
- If paid once a month, use the total gross income.
- If paid twice a month, multiply the total gross income by 2.
- If paid once a year, divide the total gross income by 12.

FARMER OR SELF-EMPLOYED:

Monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

FARMER, SELF-EMPLOYED OR SEASONAL WORKER:

If you or a member of your household received higher or lower than usual income last month, please list the expected average monthly income on the front of this application.

PRIVACY ACT INFORMATION - SOCIAL SECURITY NUMBERS

Section 9 of the National School Lunch Act requires that, unless your child's food stamp or FIP case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or FIP benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOSTER CHILD

DEFINITION - A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.

In certain cases, foster children are eligible for Tier 1 meal reimbursement regardless of household income. If such children are living with you and you wish to apply for this reimbursement, please contact us.

FOOD STAMP/FIP RECIPIENTS

If your household receives food stamps or FIP benefits, you are automatically eligible for Tier I reimbursement and/or your children, age twelve and under, are eligible for free meals. You must complete Part 1 and Part 3 of the Provider Income Eligibility Application.

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**RE: Michigan Child and Adult Care Food Program
For the Period of July 1, 2003 through June 30, 2004**

Dear Parents and Guardians:

Our organization/agency sponsors your day care provider for participation in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is to help children receive nutritious food and well balanced meals. Your provider receives reimbursement for meals and snacks served to enrolled children, while in care. Meals and snacks must meet meal pattern requirements. The provider must maintain accurate menu and meal attendance records. Families are not charged a separate fee for the meals and snacks served.

The reimbursement for the Child and Adult Care Food Program participants is a two tiered system.

To receive the higher Tier I rates, the day care home must either be located in a low income area based on school or census data or the provider's own household must be low income. Your provider does not meet any of these criteria. However, your provider may receive the higher Tier I rates for your children's meals/snacks if your household is at or below the levels listed in this letter, or if your children receive Food Stamps, FIP benefits or federal or state funded benefits with an income eligibility limit that does not exceed 185% of poverty. A list of categorically eligible programs is attached to this letter.

If you believe your income meets the guidelines, or if you receive Food Stamps, FIP benefits or other categorically eligible program benefits, complete the attached Household Income Eligibility Application and return it to our office. The information will be kept confidential. We will use federal guidelines to determine if your children's meals are eligible for Tier I reimbursement. Tier II reimbursement will be paid for meals/snacks served to children who are not eligible for Tier I rates.

<i>Instructions for Completing the Household Income Eligibility Application</i>
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List the name and address (include street name and city) of your provider.

Households Receiving Food Stamps or FIP Benefits or Other Categorically Eligible Program Benefits

In PART 1, list the first and last name of your children who are enrolled for care in the day care home **and** list their Food Stamp or FIP (formerly AFDC) case number. If your child receives benefits from one of the categorically eligible programs listed on the attachment, list the name of the program and the case number. If your child is not assigned a case number, attach a photocopy of letter that confirms their current eligibility in the program. Go to PART 3. An adult household member must sign the form.

Households Not Receiving Food Stamps or FIP Benefits or Other Categorically Eligible Program Benefits

In PART 2, list the first and last names of **all** household members, both adults and children and monthly household income received by each family member, by source. Go to PART 3. It must include the signature of an adult household member **and** the adult's social security number or the word "NONE" if the adult does not have a social security number.

Return the completed Household Income Eligibility Application to our office. ***Do not give it to your provider.***

If, during the year, there are increases in household income which exceed \$50/month or \$600/year, **or** if your household size decreases, **or** if Food Stamp/FIP assistance or other categorically eligible program benefit is terminated, you must report such changes to our office to ensure that appropriate eligibility adjustments are made.

Children having parents or guardians who become unemployed are eligible for meals at the Tier I rates during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within eligibility standards for those meals.

In certain cases, foster children are eligible for Tier I reimbursement regardless of household income. If such children are living with you and you wish to apply for such meals, please contact our office.

Households with incomes greater than the levels shown on the Child and Adult Care Food Program income scale below do **not** need to complete the attached Household Income Eligibility Application.

The Child and Adult Care Food Program Income Scale is as follows:

FAMILY SIZE	INCOME	
	YEARLY	MONTHLY
1	\$16,613	\$1,385
2	22,422	1,869
3	28,231	2,353
4	34,040	2,837
	5,809	485

For each additional family member, add:

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Please contact our office if you have any questions.

Sincerely,

Sponsor Representative

Attachment

CATEGORICALLY ELIGIBLE PROGRAMS LIST**(For Households Participating in the Child and Adult Care Food Program with a Tier II Provider)****FEDERAL PROGRAMS**

- < Food Stamp Program
- < Family Independence Program (FIP)
- < Food Distribution Program on Indian Reservations (FDPIR)
- < Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- < *Federally funded* Head Start participants that meet the program's low income criteria
- < Pre-Kindergarten Participants of the Even Start Program
- < Commodity Supplemental Food Program (CSFP)
- < The Emergency Food Assistance Program (TEFAP)
- < Medicaid
- < National School Lunch Program and Special Breakfast Program

STATE FUNDED PROGRAMS

- < None known to date

MICHIGAN CACFP HOUSEHOLD INCOME ELIGIBILITY APPLICATION

RETURN THIS COMPLETED FORM TO: (Insert Sponsor's Name, Address, and Telephone Number)

Name of Provider:

Provider's Home Address:

PART 1 - Households Receiving Food Stamps or FIP Benefits or Other Categorically Eligible Program

< List the first and last names of your children enrolled in the day care home. < List the child's Food Stamp or FIP benefits case number in the appropriate column, or identify the other state or federal categorically eligible program and list the case number. If you do not have a case number, attach a photocopy of a letter that confirms your current eligibility in the program. < Go to PART 3. You must sign and date the form. (You do not need to complete PART 2.)			
Names of Children (First and Last)	FOOD STAMP #	FIP# (formerly AFDC)	Other

PART 2 - Households Not Receiving Food Stamps or FIP

< If you did not list a Food Stamp or FIP number in PART 1, you must complete PART 2 and PART 3 of this form. < List the names and ages of everyone (related or not related) living in your household; including yourself, other adults and children. If you need more space, use a separate sheet of paper. < Place an 'X' in the next column for the children enrolled in the day care home. < By person, list the amount and source of income received last month . You must list gross income before deductions for taxes, social security, etc. < Go to PART 3. You must sign, date, and print your social security number or the word "NONE" if you do not have a social security number in PART 3.					
FULL NAME (First and Last)	Enrolled for Child Care	AGE	MONTHLY EARNINGS FROM WORK (before deductions)	MONTHLY WELFARE, CHILD SUPPORT, OR ALIMONY	ALL OTHER INCOME (indicate source and amount)

PART 3 - ALL HOUSEHOLDS

I certify that all of the above information is true and correct and that the Food Stamp case number or FIP case number is correct or that all income is reported. I understand that this information is given for the receipt of federal funds; that program officials will verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household	Social Security Number
Printed Name of Adult	Home Telephone Number
Street Address	City/State/Zip
	Date

FOR SPONSOR USE ONLY			
Total Household Members:	Total Monthly Income: \$		
Sponsor Signature	Approval Date:	9 Approved	9 Denied

HELP WITH INCOME

To determine monthly income:

- If paid every week, multiply the total gross income by 52 and divide by 12.
- If paid every two weeks, multiply the total gross income by 26 and divide by 12.
- If paid once a month, use the total gross income.
- If paid twice a month, multiply the total gross income by 2.
- If paid once a year, divide the total gross income by 12.

FARMER OR SELF-EMPLOYED:

Monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

FARMER, SELF-EMPLOYED OR SEASONAL WORKER:

If you or a member of your household received higher or lower than usual income last month, please list the expected average monthly income on the front of this application.

PRIVACY ACT INFORMATION - SOCIAL SECURITY NUMBERS

Section 9 of the National School Lunch Act requires that, unless your child's food stamp or FIP case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or FIP benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOSTER CHILD

DEFINITION - A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.

In certain cases, foster children are eligible for Tier 1 meal reimbursement regardless of household income. If such children are living with you and you wish to apply for this reimbursement, please contact us.

FOOD STAMP/FIP RECIPIENTS

If your household receives food stamps or FIP benefits for your child(ren) enrolled at the child care site, your child(ren) is/are automatically eligible for Tier I reimbursement. You must complete Part 1 and Part 3 of the Household Income Eligibility Application.

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is

FY 2004 CACFP FOSTER CHILD INCOME ELIGIBILITY STATEMENT

(Insert Sponsor's Name, Address and Telephone Number) 7

Dear Foster Parent:

To determine if your foster child's meals and snacks are eligible for additional Child and Adult Care Food Program reimbursement, please complete this statement and return it to the sponsor at the address listed above.

Instructions for Completing the Foster Child Income Eligibility Statement

- < Record the name and age of your foster child in the space provided below.
- < Carefully read the descriptions of the categories of foster children.
- < Place a check mark in the proper box which describes your foster child.
- < Report the required income information.
- < Sign and date the form. Insert your address, phone number and foster home license number.

The Child And Adult Care Food Program Income Scale for a family of one is:

Yearly
\$16,613

Monthly
\$1,385

Name of Foster Child:	Age:
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1. " If the court or welfare agency is legally responsible for the child and the foster home is in fact an extension of that agency, the foster child is considered a family of one.

Report the total money available for personal use. This includes, but is not limited to, funds provided by the court or welfare agency which are specifically identified by category for personal use; funds personally received by the child from trust accounts, money provided by the child's family for personal use and earnings from full-time and regular part-time employment. \$_____ per month

2. " If the child is a resident of a licensed *Group Foster Home*, he or she is considered a family of one.

Report the amount of money the child personally receives or earns from any full-time or regular part-time source. \$_____ per month

3. " If the child has been permanently placed in your home or the welfare agency subsidizes the adoption of your foster child, the total family income must be used including any subsidy paid for the foster child's care by the welfare agency.

You will need to use the Household Income Eligibility Statement. Report the total payments received for support of the child per month under **All Other Income**, along with all other requested information.

I certify that all of the above information is true and correct. I understand that this information is given for the receipt of federal funds; that program officials may verify the information on the Statement; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Parent

Street Address

Foster Home License Number

City/State/Zip

Date

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Sponsor Signature:	Approval Date:	Approved Denied
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CIVIL RIGHTS INFORMATION

Provision of this information is voluntary, is not part of the Statement, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not the institutions is complying with statement provisions of civil rights laws. If you do not provide this information, a representative of the institution which provides you with child care is required to identify the racial/ethnic category of your enrolled child.

<input type="checkbox"/> Identified by Adult Household Member	<input type="checkbox"/> Identified by Institution Representative
<input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander

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